



PEELERS AFTER SCHOOL AND HOLIDAY CLUB

**REGISTRATION FORM**

Name		Date of Birth:			
Class		Start date		Finish date	
<b>PARENTS/CARERS</b>				Days required:	
Name		Name			
Address		Address			
Postcode		Postcode			
Tel No	Home	Tel No	Home		
Tel No	Work	Tel No	Work		
Tel No	Mobile	Tel No	Mobile		
Are you in:		Work	Education	Training	

**DOCTOR/MEDICAL PRACTICE**

Name		Medical Information	
Address		Allergies/Regular Medication	
Postcode			
Tel No		Is he/she allergic to plasters? Yes/No	

**PERSONS PERMITTED TO COLLECT CHILD FROM CLUB OTHER THAN THE PARENT/ GUARDIAN**

Name		Name	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Relationship (i.e Gran, Friend, Neighbour)		Relationship (i.e Gran, Friend, Neighbour)	

**EMERGENCY CONTACT**

Name		Name	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Relationship (i.e Gran, Friend, Neighbour)		Relationship (i.e Gran, Friend, Neighbour)	

The information contained in this form is confidential and will only be shared under appropriate circumstances. It is important that the Club is informed of any changes to the information on this form.

Parent/Carer Signature: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_